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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/673503

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1x					
2	1x					
3		1x		1		
4	1x			1		
5		1x		1		
6	1x			1		
7		1x		1		
8		0x		1		
9	1x					
10		1x				
11	1x					
12		1x				
13	1x					
14		1x				
15		2x				
16		2x				
17		2x				
18		6x				
19		0x				
20	1x					
21		1x				
22	1x					
23		1x				
24		2x				
25	1x					
26	1x					
27		1x				
28	1x					
29	1x					
30	1x					
31	1x					
32	1x					
33		0x				
34		0x				
35		0x				
36		0x				
37		0x				
38		0x				
39		0x				
40		0x				
41	1x					
42		1x				
43	1x					
44	1x					
45		1x		1		
46	1x			1		
47		1x		1		
48	1x			1		
49		1x		1		
50	1x					
TOTAL IND.	34		6			
TOTAL DEP.	93		31			
TOTAL CLAIMS	127		37			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1x					
52	1x					
53		3x				
54	1x					
55		1x				
56	1x					
57	1x					
58	1x					
59		1x				
60		0x				
61		0x				
62		0x				
63	1x					
64		1x				
65		0x				
66		0x				
67		4x				
68		0x				
69		1x				
70		0x				
71		0x				
72		1x				
73	1x					
74		2x				
75		2x				
76		0x				
77	1x					
78		2x				
79		2x				
80		0x				
81	1x					
82		1x				
83	1x					
84		1x				
85		1x				
86		0x				
87		0x				
88		0x				
89	1x	0x				
90		0x				
91		0x				
92		0x				
93		0x				
94		0x				
95		0x				
96		0x				
97		0x				
98	1x					
99		1x				
100		2x				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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Page 2.

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APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101											
102											
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TOTAL IND.											
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TOTAL CLAIMS											
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

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